

EXHIBIT "F"

Central States Orthopedic

Printed: January 23, 2015

6585 S. Yale Ave Ste 200 Tulsa, OK 74136
(888)269-2767 Fax: (918) 481-7611

Page 1

Document Date: January 9, 2015

CARRIE M DOOLY

Home: (918)693-9575

Female DOB: 11/09/1977

Account# : 718499-1-CSO

01/09/2015 - Office Visit: DEN RM 46 LT SHLD OCTR
Provider: David E Nonweiler MD
Location of Care: Central States Orthopedic William Office**History of Present Illness**

CARRIE is a 37 year old lady who comes in for a follow up visit to review her FCE results for evaluation of her complaint of left shoulder pain. The FCE was performed on her left shoulder at Oklahoma Surgical Hospital. The test was performed on 01/09/2015. The patient states this condition is work related. Her symptoms have been present for 1.5 years. Her injury occurred on or about 05/29/2013, when she had a patient pull on her arm. She had a left shoulder surgery performed by Dr Markman on 7/25/2013. Her arthroscopic pictures are available but her operative note is not. She had a subacromial decompression and biceps tendon tenotomy. She states that she did not improve with this surgery. She had a second surgery by Dr Jabbour which gave her 85% relief. She states that she has regained almost all of her shoulder range of motion back, but still has some stiffness and weakness. She states that she has been released to work full duty, but has not returned to work yet. She is here for a second opinion. She is currently employed as a CT Tech with Harvard Family Physicians.

She describes her pain as sore and mild to severe. Her pain is worse with activities. On a scale of 0-10, with 0 being no pain and 10 being the worst pain imaginable, her pain level today is a 2. At its least, her pain is a 2, and at its worst it is an 8. Her symptoms are worse when lifting, reaching, and performing overhead activities. She cannot have an MRI due to her neurostimulator.

She notes improvement in her symptoms with NSAIDS and narcotic medication. Overall she is 85% better since her injury.

Past Medical History

Anemia, Lung problems, Migraines, Gastrointestinal, Reflux, Neuropathy, Arthritis.

ALLERGIES: MORPHINE (Critical)

* GLUTEN (Critical)

ERYTHROMYCIN (Critical)

KEFLEX (Critical)

BACTRIM (Critical)

ADHESIVE PAPER (ADHESIVE TAPE) (Critical)

SULFA (Critical)

* LATEX (Critical)

MEDICATIONS: ALLEGRA ALLERGY TABS (FEXOFENADINE HCL TABS) Historical
NORCO TABS (HYDROCODONE-ACETAMINOPHEN TABS) Historical
MULTIVITAMINS CAPS (MULTIPLE VITAMIN) Historical
MOTRIN IB TABS (IBUPROFEN TABS) Historical
FIORICET CAPS (BUTALBITAL-APAP-CAFFEINE CAPS) Historical
PERCOCET TABS (OXYCODONE-ACETAMINOPHEN TABS) Historical
* MIDRIN Historical

Past Surgical History

History of Orthopedic surgery, Tubal ligation.

Gastric neuro stimulator

nissen fundoplication

Details of pertinent Orthopedic Surgery:

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CARRIE M DOOLY

Home: (918)693-9575

Female DOB: [REDACTED]

Account#: 718499-1-CSO

Procedure: left shoulder surgery Date: 07/25/2013 Surgeon: Dr Markman

Procedure: Left shoulder repeat acromioplasty Date: 06/24/2014 Surgeon: Dr Jabbour

Family Medical History

Anemia, Lung problems, Arthritis, Migraines, Gastrointestinal, Reflux, Neuropathy, Cancer, Depression, Sleep Apnea.

Social History

Living Arrangements: family

Marital Status: married

Tobacco Use: never smoker

Alcohol Use (yes)

Type: wine

Drug Use (No)

Review of Systems**General:** Patient denies weight loss, weight gain, fatigue, fever.**Eyes:** Patient denies blurring, vision loss.**ENT:** Patient denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.**Cardiovascular:** Complains of palpitations.**Respiratory:** Complains of coughing, shortness of breath.**Gastrointestinal:** Complains of abdominal pain, nausea, diarrhea, constipation.**Musculoskeletal:** Complains of muscle weakness, back pain, joint pain, joint swelling.**Genitourinary:** Complains of urinary frequency.**Skin:** Complains of rashes, itching.**Neurologic:** Complains of numbness/tingling in arms/legs.**Psychiatric:** Complains of difficulty sleeping, anxiety.**Endocrine:** Complains of heat or cold intolerance.**Heme/Lymphatic:** Patient denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.**Allergic/Immunologic:** Complains of latex allergy, hives, hay fever.**Physical Exam****Vital Signs**

Ht: 60ins Wt: 120lbs Pulse rate: 78 BP: 118/73 Resp: 16

Body Mass Index: 23.52

Constitutional:

General appearance: alert, well nourished, well hydrated, no acute distress

Eyes:

External: conjunctivae and lids normal

Pupils: equal and round

Cardiovascular:

Peripheral pulses: pulses 2+, symmetric

Periph. circulation: no cyanosis, clubbing or edema

Lymphatic:

Misc. lymph nodes: no adenopathy in area of examination

Skin:

Skin Inspection: no rashes, lesions in area of examination

Skin Palpation: no subcutaneous nodules or induration in area of examination

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Account#: 718499-1-CSO

Neurologic:Reflexes grossly intact, symmetric
Sensation: intact to touch**Psychiatric:**Orientation: oriented to time, place and person
Memory: intact
Mood and affect: no depression, anxiety**Left Shoulder Exam****Inspection****Pain/Tenderness**

none

Swelling

none

No signs or symptoms of infection

Incision well healed, no erythema

Neurovascularly intact

Active ROM

flexion: 180 degrees / opposite side: (180 degrees)

external rotation: 45 degrees / opposite side: (60 degrees)

internal rotation: T-8 / opposite side: (T-8)

Passive ROM

flexion: same as active / opposite side: (same as active)

external rotation: same as active / opposite side: (same as active)

internal rotation: same as active / opposite side: (same as active)

Muscle Strength & Tone

External Rotation Strength: 5/5

Supraspinatus: 5/5

Internal Rotation Strength: 5/5

Testing

Jobe's: negative

An FCE performed 12/17/14 demonstrates the ability to work in a medium physical demand level. The test was not valid based on the reliability index.

Impression:**Diagnosis:**

1. LEFT SHOULDER PAIN S/P ARTHROSCOPY (ICD-719.41) (ICD10-M25.519).

Plan:

I reviewed the results of the patient's FCE. I provided explanation and reassurance to the patient. I discussed appropriate treatment options with the patient. I reviewed the above findings with the patient. I do not believe the patient needs permanent work restrictions at this point. No medications were prescribed during this visit.

~~She can return to work full duty with no restrictions at this point. Please see the return to work form for complete details.~~ This opinion is given within a reasonable degree of medical certainty.

I declare under penalty of perjury that I have examined this report and notice, and all statements contained

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Account#: 718499-1-CSO

herein, and to the best of my knowledge and belief, they are true, correct and complete.

PFS History, ROS and Vitals Obtained by: Lora D Ecker RMA, January 9, 2015 10:15 AM

Electronically Signed by David E Nonweiler MD on 01/10/2015 at 3:17 PM

Toll Free: 1-888-ANY CSOS ☐ Vinita ☐ South Tulsa ☐ Okmulgee ☐ McAlester ☐ Broken Arrow

☐ Dr. Robertson ☐ Dr. Don Hawkins ☐ Dr. Hicks ☐ Dr. Cash ☐ Dr. Nonweiler ☐ Dr. Hendricks ☐ Dr. Wong ☐ Dr. B.J. Hawkins ☐ Dr. Gladd

☐ Dr. Craven ☐ Dr. Morris ☐ Dr. LaButti ☐ Dr. Fox ☐ Dr. Sisler ☐ Dr. Glaser ☐ Dr. Lawson ☐ Dr. Shockley

718499

Restrictions - Work/School/P.E./Home

PATIENT NAME: Carrie Dooly Date: 1/9/15

☐ Did not show for appointment ☐ Canceled appointment

DX: (L) shoulder pain slip arthroscopy

WORK/SCHOOL/P.E. STATUS:

☒ Is injury Work related? ☒ Yes ☐ No

☐ No Work / School / P.E. at this time

☐ Anticipated: Full Duty release to Work / School / PE ☐ Next Visit ☐ Other

☒ Released to: Work / School / P.E. without restrictions effective: 1/9/15

☐ May return to: Work / Home / School / P.E. on: _____ with the following restrictions: _____

☐ Is Patient in need of Continuing Medical Maintenance ☐ No ☐ Yes

If yes, describe fully in what form: _____

RESTRICTIONS:

☐ LEFT ☐ RIGHT

☐ No Use of: ☐ Upper Extremity ☐ Lower Extremity

☐ Hand duty only ☐ No use of hand above shoulder ☐ No overhead activities

☐ No lifting or carrying over _____ pounds ☐ No repetitive lifting over _____ pounds

☐ No repetitive activities over _____ hours a day

☐ Must wear cast/splint/brace: ☐ All the time OR ☐ Occasionally (define) _____

☐ No driving ☐ Do not operate machinery ☐ No use of vibrating tools

☐ No prolonged standing for more than _____ minutes at any one time w/o _____ minutes of sitting

☐ No prolonged sitting without a _____ minute break per _____ shift

☐ Kneeling: ☐ Never ☐ Occasionally (1-33%) ☐ Frequently

☐ Squatting: ☐ Never ☐ Occasionally (1-33%) ☐ Frequently

☐ Stooping: ☐ Never ☐ Occasionally (1-33%) ☐ Frequently

☐ Bending: ☐ Never ☐ Occasionally (1-33%) ☐ Frequently

☐ No climbing: ☐ Ladder ☐ Stairs

☐ Sit down job only

☐ May work _____ hours a day

☐ If restrictions cannot be accommodated, the patient should be considered temporarily totally disabled

☐ OTHER: _____

Referred to: ☐ Physical Therapy _____ x _____ wks. ☐ Testing Type: _____ ☐ Surgery

The above restrictions are: ☐ Temporary ☐ Permanent

Patient should make next appointment for: _____ Week; _____ Month; OR 6

REMARKS: _____

SIGNATURE: Dr. Nonweiler, M.D.

(Physician)

EXHIBIT “G”



DoolyHFPltr.docx

15

+



To: Harvard Family Physicians
Dr. Kenneth Muckala,
Patrick Schwartz/HR.

Dr. Jabbour released me to come back to work from my work injury on October 23, 2014, without restrictions. Since then, at the insistence of Harvard Family Physician, I've seen Dr. Nonweiler a couple of times for an exam and evaluation for return to work. Through Dr. Nonweiler, I also had a Functional Capacity Evaluation, again at the insistence of Harvard Family Physicians. Dr. Nonweiler has now given me two (2) Return to Work slips, each without restrictions, the last dated January 9, 2015. I've given all my Return to Work slips, from Drs. Jabbour and Nonweiler to Harvard Family Physicians right after I got them.

I've been in limbo for a job since Dr. Jabbour released me to return to work on October 23, 2014, and without any income. I need to return to my job at Harvard Family Physicians. Please let me return to work.

Please tell me something in no later than ten (10) days.

Thank You,

Carrie M Dooly.

Date.

EXHIBIT "G"

EXHIBIT “H”

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

NOTICE OF DETERMINATION

SS# [REDACTED] LOFP 72-44 EFFECTIVE 03/01/2015 PROGRAM UI

OESC MAIL SUPPORT, P.O. BOX 52006, OKLAHOMA CITY, OK 73152-2006
 FAX #(405)962-7524 E-MAIL ADDRESS: UI.APEALS@OESC.STATE.OK.US

THIS DETERMINATION WAS MAILED ON 03/23/2015 TO THE CLAIMANT AND/OR THE
 EMPLOYER AT THEIR RESPECTIVE ADDRESSES SHOWN ON THIS DETERMINATION

CLMT PH # 918-693-9575

CLAIMANT

EMPLOYER

CARRIE M DOOLY

[REDACTED]
BROKEN ARROW OK

74012

THE APPLICABLE SECTION OF THE OKLAHOMA SECURITY ACT IS SECTION 2-210 ;
 AN INDIVIDUAL SHALL BE ELIGIBLE..IF SEPARATED FROM WORK DUE TO COMPELLING
 FAMILY CIRCUMSTANCES. THIS MEANS (A)BECAUSE THE ILLNESS OR DISABILITY OF
 THE CLAIMANT (CLMT) AND THE OESC FINDS IT WAS MEDICALLY NECESSARY FOR THE
 CLMT TO STOP WORKING..(B)THE CLMT WAS SEPARATED DUE TO ILLNESS/DISABILITY
 OF AN IMMEDIATE FAMILY MEMBER (C)SPOUSE OF THE CLMT WAS TRANSFERRED OR OBTAINED
 EMPLOYMENT IN ANOTHER CITY/STATE AND THE CLMT SEPARATES IN ORDER TO
 MOVE TO THE NEW EMPLOYMENT LOCATION (D)CLMT SEPARATED DUE TO DOMESTIC VIOLENCE
 OR ABUSE AND CONTINUED EMPLOYMENT WOULD JEOPARDIZE THE SAFETY OF THE INDIVIDUAL
 OR FAMILY (E)TO MOVE WITH THE SPOUSE TO A NEW LOCATION IF THE SPOUSE WAS
 (1) MEMBER OF THE MILITARY, RESERVES OR GUARD (2)ON ACTIVE DUTY WITH
 IN 90 DAYS OF DISCHARGE (3)HAS A SERVICE CONNECTED DISABILITY (4)HONORABLY
 DISCHARGED(5) TAKES UP RESIDENCE > 50 MILES FROM CLMTS FORMER EMPLOYER.

YOU ARE ALLOWED BENEFITS EFFECTIVE 03/01/2015. BASIS FOR DETERMINATION-

THE CLAIMANT WAS SEPARATED FROM EMPLOYMENT FROM HARVARD FAMILY PHYSICIAN
 P C WHEN SHE PROVIDED THE EMPLOYER WITH HER MEDICAL RELEASE INDICATING SHE
 COULD RETURN TO WORK WITH NO RESTRICTIONS. THE EMPLOYER HAS NOT PLACED THE
 CLAIMANT ON THE SCHEDULE. BENEFITS ARE ALLOWED.

IF YOU DISAGREE WITH THIS DETERMINATION YOU MAY FILE AN APPEAL WITHIN TEN
 (10)DAYS OF THE MAILING DATE OF THIS DETERMINATION. YOU MAY FILE AN APPEAL
 BY MAIL, FAX, E-MAIL, OR TELEPHONE. IF YOU LIVE WITHIN THE OKLAHOMA CITY
 METROPOLITAN AREA, PLEASE CALL 525-1500. IF YOU LIVE OUTSIDE THE OKLAHOMA
 CITY METROPOLITAN AREA, PLEASE CALL 1-800-555-1554. AS A CONVENIENCE
 IN FILING AN APPEAL, AN OESC MAIL SUPPORT ADDRESS, FAX NUMBER, AND
 E-MAIL ADDRESS HAVE BEEN LISTED AT THE TOP OF THIS DOCUMENT. IF YOU HAVE
 ANY QUESTIONS OR NEED ADDITIONAL INSTRUCTIONS, PLEASE REFER TO YOUR
 "INFORMATION FOR WORKERS WHO ARE UNEMPLOYED" OR "EMPLOYER'S INFORMATION
 ABOUT UNEMPLOYMENT INSURANCE" BOOKLET OR CONTACT THE UNEMPLOYMENT
 SERVICE CENTER.

CLAIMANT COPY PREPARED 03/20/2015 BY CT15

EXHIBIT "H"

EXHIBIT "I"

Concentra Medical Centers
5982 W Skelly Dr TULSA, OK 74107
Phone: (918) 446-1891 Fax: (918) 446-1894

Transcription

Patient:	Dooly, Carrie M.	Service Date:	1/12/2015
Soc. Sec. #:	[REDACTED]	Injury Date:	5/29/2013
Date of Birth:	[REDACTED] Age: 37	Employer:	Dr Hallford IMEs/Perrine & Berry
Service Location:	CMC - Tulsa Town West	Dictated By:	John W Hallford, DO
Service ID #:	281389834	Diagnosis:	719.41 Shoulder Pain

Notes:

CHIEF COMPLAINT:

This patient is a 37 year old female seen for an IME at the request of David J. Frette of PRBT&S Law and Travelers with respect to her reported on the job injury or injuries sustained while working for Harvard Family Physicians on 5/29/2013.

PATIENT STATEMENT:

Patient states: "Hurt helping someone up from CT table"...HB.

Vital Signs: BP: 122/78. P: 67. R: 14. T: 97.6 degrees F tympanic.

Current Medications: Norco, Midrin, Fioricet.

Allergies: Sulfa drugs, Keflex, Bactrim, Morphine, Erythromycin.

Time: 3:02 PM by: K.A.

HISTORY OF PRESENT ILLNESS:

She says that she was working for Harvard Family Physicians on 5-29-13 when she was helping a large female patient up from a CT table and she was injured. She tells of having primarily hurt her left shoulder then and per a court order dated 6-25-14 she was found to have sustained work related injury to her left shoulder and further orthopedic treatment was authorized in that respect but she has a history of having had prior injury to her left shoulder and a diagnosis of impingement syndrome in her shoulder before the injury in question as discussed more fully below although she tends to downplay those problems. She in fact had hurt her left shoulder in a non work related injury moving some bricks in her garden at home only two weeks before she claims to have hurt it again at work per her records. Her Form 3 also claims possible injury to her neck and left arm but she has required no specific treatment to those areas nor do they appear to have been injured in her reported on the job accident and although she does have some degenerative changes in her neck as described below these are not felt to be any work related. In any event, she does admit to having had some prior trouble with her left shoulder but she says she developed increasing left shoulder pain after the incident in question. She did keep working afterwards though and she did not report any kind of possible work related injury to her shoulder at that time. She also went on to seek treatment from her PCP, Dr. Henry, through her personal insurance on 6-25-13 at which time she noted that she had been having pain in her left shoulder since the non work related

Dictated By: John W Hallford, DO

Dictated On: 1/14/2015 2:57 PM

Last Update: 01/14/2015 14:57:00

Last Updated By: hallfojw

Transcription Printed Date: 01/14/2015

c:\transcription Page 1 of 5

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900/200'd

(fax)

EXHIBIT "I"

Concentra Medical Centers
5882 W Skelly Dr TULSA, OK 74107
Phone: (918) 448-1081 Fax: (918) 448-1084

Transcription

Patient:	Dooly, Carrie M.	Service Date:	1/12/2015
Soc. Sec. #:	XXX-XX-XXXX	Injury Date:	5/29/2013
Date of Birth:	XXXX-XX-XX Age: 37	Employer:	Dr Hallford IMEs/Perrine & Berry
Service Location:	CMC - Tulsa Town West	Dictated By:	John W Hallford, DO
Service ID #:	281389834	Diagnosis:	719.41 Shoulder Pain

Notes:

wheelbarrow injury she had sustained and that she reported having felt something "tear" in her shoulder then. She then was also referred to an orthopedic specialist, Dr. Markman, who noted that she had been having left shoulder pain for about a month since moving a wheelbarrow full of bricks and losing control causing strain to her shoulder and a "ripping sensation" but that she had also told him of having a second injury a couple of weeks later although she apparently did not describe that as being work related. In either case, there clearly is an apportionment issue involved with respect to her left shoulder problems since she also has subsequently been found to have sustained a work related injury to her left shoulder too as noted above. Anyway, she was then referred for a CT arthrogram of her left shoulder which revealed some possible partial rotator cuff tearing, tendinosis and impingement syndrome type changes and she returned to Dr. Markman afterwards who recommended arthroscopic surgery. This was performed on 7-25-13 and included arthroscopy with biceps tenodesis, rotator cuff repair and subacromial decompression after which she was provided a period therapy and rehabilitation. She then was released to return to work with certain restrictions and reassured that although she was still having some shoulder discomfort this would expected and should continue to improve. Her surgery had also been sought and obtained through her personal insurance but she then went on to file her WC claim. She then was also seen by Dr. Hastings on 11-6-13 for an evaluation for her attorney who opined that she was TTD and in need of further orthopedic evaluation and treatment. He also opined that she had sustained an injury to her neck too which is the first mention of any kind of neck complaint or problem in her records and sent her for a CT arthrogram on her cervical spine on 11-15-13 and revealed only some mild arthritic and degenerative changes with no evidence of disc herniation or spinal stenosis. In any case, she then went on to see Dr. Jabbour on 3-27-14 who recommended repeat arthroscopy and this was later authorized by the court. This was then performed by Dr. Jabbour on 6-24-14 and included revision acromioplasty and the debridement of scar tissue and was followed by another period of rehabilitation. She then was last seen by Dr. Jabbour on 10-23-14 at which time she was noted to be "doing great" and that "most of the pain that she had preoperatively is pretty much gone" and she was determined to be at MMI and released without restrictions. She says she since has also been seen by another orthopedist, Dr. Nonweiler, who recommended no further treatment and sent her for a FCE and has released her too. She states that she has tried to go back to her job at HFP though and that they would not let her come back. She has been released without restrictions though as noted above and she is under no current care and her period of TTD has previously ended. In any case, she presently says that her shoulder pain did improve after her last surgery was performed but that she continues to have some chronic discomfort in her left shoulder and turning her left arm out or externally rotating her shoulder. She says her shoulder bothers her all the time but not to the extent it did before her second shoulder surgery was

Dictated By John W Hallford, DO

Dictated On: 1/14/2015 2:57 PM

Last Update: 01/14/2015 14:57:00

Last Updated By: halfojw

Transcription Printed Date: 01/14/2015

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Form Revision Date: 1/17/2009

900/E00.P

(FAX)

01/14/2015 15:30

Concentra Medical Centers
5682 W Skelly Dr TULSA, OK 74107
Phone: (918) 448-1881 Fax: (918) 448-1884

Transcription

Patient:	Dooly, Carrie M.	Service Date:	1/12/2015
Soc. Sec. #:	XXX-XX-XXXX	Injury Date:	5/29/2013
Date of Birth:	XXXX-XX-XX Age: 37	Employer:	Dr Hallford IMEs/Perrine & Berry
Service Location:	CMC - Tulsa Town West	Dictated By:	John W Hallford, DO
Service ID #:	281389834	Diagnosis:	719.41 Shoulder Pain

Notes:

performed. She also tells of some mild neck discomfort and tingling in her left arm at times too but those complaints are not very pronounced nor are they felt to be work related. She had worked for Harvard Family Physicians for about a year when reportedly hurt. The patient is right handed.

SOCIAL HISTORY: She is educated through high school and 3 Associates degrees which she says are in early childhood development, liberal arts and radiology technology. She had worked for Harvard Family Physicians as a CT tech and had done that for St. Francis Hospital prior to that as well. Other past jobs include home health, commercial sales and retail sales. She is married. She is able to drive. She is able to do house work and yard work. Hobbies include fishing and walking. She says she does not smoke cigarettes or drink alcohol.

FAMILY HISTORY: Positive for cancer and arthritis.

PAST MEDICAL HISTORY: Significant for prior injury and pre existing impingement syndrome in her left shoulder as noted above. Her records show that she was treated by an orthopedic specialist, Dr. Rahhal, in 2010 and 2011 for problems with her left shoulder after a MVA and that she was diagnosed with an impingement syndrome initially back then and treated with medication, therapy and cortisone injection. She says she was rearended in that wreck and that she did receive a settlement afterwards. She also had hurt her left shoulder moving bricks with a wheelbarrow shortly before she claims to have hurt her shoulder at work as stated. It in fact was that non work related left shoulder injury that she originally complained of when seeking medical treatment and she had said then that she felt something rip or tear in her shoulder per a review of her medical records as indicated. She also has degenerative arthritis in her neck along with a history of migraine headaches and fibromyalgia. She in addition has celiac disease for which she has had a gastric pacemaker implanted.

Surgical History: Left shoulder X2, gastric pacemaker, hysterectomy, Nissan funduplication X2, tubal ligation, cholecystectomy

ROS: Noncontributory.

PE:

MENTAL STATUS: Alert. Oriented x 3. Normal affect. Well kept appearance. No acute distress.

CARDIOVASCULAR: Normal rate. Regular rhythm.

CHEST: Breath sounds clear bilaterally. Good air movement.

MUSCULOSKELETAL:

Dictated By: John W Hallford, DO

Dictated On: 1/14/2015 2:57 PM

Last Update: 01/14/2015 14:57:00

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Last Updated By: hallfojw

Transcription Printed Date: 01/14/2015

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Form Revision Date: 11/17/2009

9004/000

(FA)

01/14/2015 15:31

Concentra Medical Centers
5682 W Skelly Dr TULSA, OK 74107
Phone: (918) 446-1891 Fax: (918) 446-1894

Transcription

Patient:	Dooly, Carrie M.	Service Date:	1/12/2015
Soc. Sec. #:	XXX-XX-XXXX	Injury Date:	5/29/2013
Date of Birth:	XXXX-XX-XX Age: 37	Employer:	Dr Hallford IMEs/Perrine & Berry
Service Location:	CMC - Tulsa Town West	Dictated By:	John W Hallford, DO
Service ID #:	281389834	Diagnosis:	719.41 Shoulder Pain

Notes:

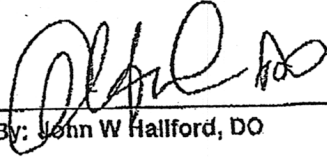
history of left shoulder injury and pre existing impingement syndrome problems. Therefore, in my opinion with a reasonable degree of medical certainty Ms. Dooly has incurred 6% permanent partial impairment of the whole person from her reported on the job left shoulder injury sustained while working for Harvard Family Physicians on May 29, 2013 over and above an additional 6% permanent partial impairment of the whole person from her history of prior left shoulder injury and her pre existing left shoulder problems.

She has no objective evidence of acute injury to her neck or left arm and in my opinion with a reasonable degree of medical certainty she has incurred no permanent anatomic abnormality or permanent disability to her neck or left arm as a result of her reported on the job accident sustained while working for Harvard Family Physicians on the date in question. She does have mild degenerative arthritis in her neck but this is not work related. She also has a history of migraine headaches and fibromyalgia which are not work related either.

Regardless, her current condition is chronic, and stable and she has previously been fully evaluated, treated and released for her reported on the job injury or injuries sustained on the date in question and no further active medical treatment is needed in that respect as stated. Specifically, she is not felt to be in need of further orthopedic work up or care, continuing medical maintenance, ongoing prescription medications or pain management. She also has been released to return to work without restrictions and her period of TTD has previously ended and she does not need vocational retraining. No additional diagnostic, therapeutic or rehabilitative efforts in fact are considered necessary as far as these problems are concerned at this time.

The patient has no evidence of permanent disability secondary to these problems in my opinion in substantial accordance with the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition.

I declare under penalty of perjury that to the best of my knowledge and belief the above statements are true, correct and complete.


Dictated By: John W Hallford, DO

Dictated On: 1/14/2015 2:57 PM

Last Update: 01/14/2015 14:57:00

r_transcription Page 5 of 5

Last Updated By: hallfojw

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Form Revision Date: 11/17/2009

9006/900P

(FAX)

01/14/2015 15:32

Concentra Medical Centers
5622 W Skelly Dr. TULSA, OK 74107
Phone: (918) 445-1891 Fax: (918) 445-1894

Transcription

Patient:	Dooley, Carrie M.	Service Date:	1/12/2015
Soc. Sec. #:	XXX-XX-XXXX	Injury Date:	5/29/2013
Date of Birth:	XXXXXX Age: 37	Employer:	Dr Hallford IMEs/Perrine & Berry
Service Location:	CMC - Tulsa Town West	Dictated By:	John W Hallford, DO
Service ID #:	281389834	Diagnosis:	719.41 Shoulder Pain

Notes:

Cervical: She tells of mild cervical tenderness. No spasm. Full range of motion at flexion of 50 degrees, extension of 60 degrees, sidebending bilaterally of 45 degrees and rotation bilaterally of 80 degrees. Cervical compression negative.

Thoracic: No point tenderness. Full range of motion.

Left Shoulder: Shoulder shows no deformity. Well healed scope scars. Mild tenderness over AC region and into upper biceps. No crepitance. No swelling. No instability. Range of motion mildly restricted to flexion of 180 degrees, extension of 50 degrees, abduction of 170 degrees, adduction of 30 degrees, internal rotation of 70 degrees and external rotation of 60 degrees. No muscular atrophy. Mild weakness with abduction and elevation left shoulder girdle versus resistance when compared to opposite side. Also some mild biceps weakness.

Left Elbow: Non-tender to palpation. Full range of motion. No pain on movement. Tinels sign negative.

Left Wrist: No swelling. No tenderness. Full range of motion. Negative Tinels.

Negative Phalens. Grip strength normal. Interosseous muscle strength normal.

NEUROLOGIC: Neurologically intact.

PERIPHERAL VASCULAR: Radial pulses normal.

The remainder of the examination was unremarkable.

ASSESSMENT:

Left shoulder pain. 719.41. S/P arthroscopic surgery X2.

PLAN:

She has previously been fully evaluated, treated and released for her reported on the job injury or injuries and no further active medical treatment is needed in that respect.

SUMMARY:

She does have objective evidence of some permanent anatomic abnormality and permanent disability secondary to her left shoulder difficulties and in my opinion with a reasonable degree of medical certainty she has incurred a total of 20% permanent partial impairment of the left upper extremity, or the equivalent of 12% permanent partial impairment of the whole person, secondary to her left shoulder problems. This impairment includes 10% impairment of the upper extremity for her shoulder surgery with resection arthroplasty of the distal clavicle, 4% impairment of the upper extremity for mild range of motion loss and 6% impairment of the upper extremity for mild loss of strength in her left shoulder of a residual nature.

This impairment in my view should also be apportioned equally between her reported on the job left shoulder injury sustained on the date in question and her prior

Dictated By: John W Hallford, DO

Dictated On: 1/14/2015 2:57 PM

Last Update: 01/14/2015 14:57:00

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Last Updated By: hallfojw

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Transcription Printed Date: 01/14/2015

Form Revision Date: 11/17/2009

P.005/000

(FAX)

01/14/2015 15:31

EXHIBIT "J"

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)

To: Carrie M. Dooly
 528 N. Sweet Gum Ave
 Broken Arrow, OK 74012

From: Oklahoma City Area Office
 215 Dean A. McGee Avenue
 Suite 524
 Oklahoma City, OK 73102

☐ On behalf of person(s) aggrieved whose identity is
 CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

Justin C. Moore,
Investigator

(405) 231-4354**564-2015-00766**

(See also the additional information enclosed with this form.)

NOTICE TO THE PERSON AGGRIEVED:

Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), or the Genetic Information Nondiscrimination Act (GINA): This is your Notice of Right to Sue, issued under Title VII, the ADA or GINA based on the above-numbered charge. It has been issued at your request. Your lawsuit under Title VII, the ADA or GINA **must be filed in a federal or state court WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

- ☒ More than 180 days have passed since the filing of this charge.
- ☐ Less than 180 days have passed since the filing of this charge, but I have determined that it is unlikely that the EEOC will be able to complete its administrative processing within 180 days from the filing of this charge.
- ☒ The EEOC is terminating its processing of this charge.
- ☐ The EEOC will continue to process this charge.

Age Discrimination in Employment Act (ADEA): You may sue under the ADEA at any time from 60 days after the charge was filed until 90 days after you receive notice that we have completed action on the charge. In this regard, the paragraph marked below applies to your case:

- ☐ The EEOC is closing your case. Therefore, your lawsuit under the ADEA **must be filed in federal or state court WITHIN 90 DAYS of your receipt of this Notice.** Otherwise, your right to sue based on the above-numbered charge will be lost.
- ☐ The EEOC is continuing its handling of your ADEA case. However, if 60 days have passed since the filing of the charge, you may file suit in federal or state court under the ADEA at this time.

Equal Pay Act (EPA): You already have the right to sue under the EPA (filing an EEOC charge is not required.) EPA suits must be brought in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission


Holly Waldron Cole,
Area Office Director

March 22, 2016

(Date Mailed)

Enclosures(s)

cc:

Andrew & Williams
c/o Stephen Andrew
2120 E. 15th Street
Tulsa, OK 74104

Timothy S. Gilpin
GILPIN LAW OFFICE
1874 South Boulder
Tulsa, OK 74119

Gilpin Law Office
MAR 24 REC'D
RECEIVED 2016

EXHIBIT "J"